

in Central New York. I do not think, however, that it is more frequent here than in Baltimore where I saw a great many cases, especially among the colored people. I suppose that is due to the fact that such a large proportion of them have had syphilis at one time or another, perhaps also because Baltimore is a seaport and so many sailors have the same disease.

Dr. Lehmann explained the features of the demonstrated diapositives which both show the aneurysm of the ascending aorta very much smaller than it really is; in both cases it extends more in frontal direction than in sagittal, as shown by the screen examination which was made in all directions. Illuminating the chest not only in dorso-ventral and ventro-dorsal direction, but from one side to the other. The pressure upon the vena cava in the first case is demonstrated by the marked shadow, which is denser and larger than usually found.

Dr. Schmoll, closing discussion on his case: The frequency of aneurysm in this country is certainly very much greater than the occurrence in Europe. I have seen in this short time that I am in America, more cases than I have seen in Europe. I think there is no great difference between the occurrence of aneurysm here and Baltimore and I think in both cities the frequency of the occurrence is about the same. Regarding the treatment of these cases I usually give potassium iodid in considerable doses and gelatine in injections as advocated by Lancereaux in Paris, who had the kindness to show me about 10 to 15 cases treated by this method. I was very much impressed by the clotting which occurred in aneurysm which had perforated the chest wall. The danger of gelatine treatment is that tetanus occurs quite frequently if the gelatine is not properly sterilized. I believe that Merk puts a gelatine on the market which is absolutely sterile and can be injected without trouble. I saw 2 or 3 cases of disappearance of pulsation on the chest wall and an aneurysm which had been rapidly increased before, became stationary while the pain disappeared entirely. For the pain in aneurysm I often advocate veni section which often lessens the pain to quite a considerable degree. It often helps one to hold back with morphine.

## PUBLICATION.

**The Principles and Practice of Medicine.**—By WILLIAM OSLER, M. D. Designed for the use of practitioners and students of medicine. D. Appleton & Co., New York.

It is a pleasure to read for review a book which one can cordially recommend. Such a work is the new edition of Osler's Practice of Medicine. It is written in short terse sentences and contains in a comparatively small bulk a wealth of historical, pathological, and clinical detail. Further, when descriptions of rare conditions are necessarily brief, the most valuable reference is repeatedly given. It has been brought well up to date and contains an account of Para-typhoid fever and the newer tropical diseases. Splenic enlargement is dealt with from the most recent standpoint. Chronic polycythemia with cyanosis and enlarged spleen is separately described, and looked upon as a clinical entity. Joint diseases are satisfactorily classified as far as our present knowledge will allow. Gaskell's Engelman's, Mackenzie's and Wenchech's studies have been incorporated under Cardiac Arrhythmia, and this and allied subjects made very interesting. In the section on nervous diseases Sherrington's and Grienbaum's work on the higher apes is figured in the representation of the cortical localization, and the schematic diagrams of the segmental skin fields impress one with their accuracy. The sections devoted to treatment are extremely brief and perhaps reflect the therapeutic pessimism of the distinguished author.

## COMMUNICATIONS.

### Extravagant Claims for Hyoscine in the Treatment of Drug Addictions.

*To the Editor of the STATE JOURNAL:* Quite a number of articles have appeared in medical literature during the last few years advocating the use of hyoscine in the treatment of the morphine and other drug addictions. Some of these have advised its use in such large and frequently repeated doses as to make one familiar with the effects of this drug shudder to think of the distressing condition the patient must be brought into by such excessive use of so powerful an agent.

Some of these writers have made the most extravagant claims for this remedy, some claiming it to be an antidote for morphine, others that its use in combination with morphine prevents the formation of an addiction, others that it is a specific cure for the morphine addiction, and that by its use the worst cases may be cured within a few days' time.

An article appeared in the July number of your JOURNAL by Dr. Bering, of Tulare, that may be cited as an example. He gives the clinical notes of four cases, the third and fourth of which are as follows:

Case 3. Morphine habitue, using 20 gr. morphine and 20 gr. cocaine daily for a period of years, was given 65 one-hundredth grain doses of hyoscine during a period of two and a half days. He was discharged cured, having no desire for either drug. Pulse remained good during treatment.

Case 4. Patient using a large quantity of morphine and cocaine daily, was treated for three days and discharged cured.

When one reads such statements as these in first-class medical journals it makes him wonder whether the days of the miraculous cure of disease have really returned. In the writer's experience the cure of the morphine addiction in a few days' time is like "Learning German in ten lessons." Patients who are given such a course of treatment and discharged cured at the end of a few days' time find that they have about as much to contend with after their cure as before it, just as the would-be German scholar finds that after his ten lessons he has very much more to learn than he thought he had at the beginning. It is evident that the word "cure," as used by some of these gentlemen, does not mean what it is ordinarily understood to mean. There is much more involved in the cure of a case of morphinism than can be done in a few days' time with any course of treatment, however perfect it may be. In addition to the drug intoxication from which the patient is suffering, the system is surcharged with poisons, both of excrementitious and autotoxic origin. The functional activity of all the excretory, secretory and digestive organs are impaired. The blood changes are marked, the red corpuscles greatly diminished, the white correspondingly increased, patient profoundly anemic, muscles flabby and relaxed, nervous system deranged to a marked degree, mental activity impaired. In fact, the patient is greatly below par in every respect.

We are free to confess that we are old-fashioned enough to believe that in the treatment of this or any other disease it is still necessary to conform to well-established physiological laws, rather than depend upon some miraculous agency to transform our patient from disease to health; therefore, we do not believe that these markedly deranged conditions can be corrected in a few days' time to such a degree as to justify the patient's being discharged as cured.

The administration of sixty-five 1-100 gr. doses of hyoscine in two and one-half days—a little over 1-100 gr. every hour—is excessive medication, and would be dangerous in many cases. I do not wish to be understood as condemning the use of hyoscine in the treatment of these addictions, because it is a remedy of great value, but it has its limitations as well as its uses. It does not cure the morphine addiction, as is